Rita Torres Mid Term Essay Eng 063

So why should we consider an alternative to Methadone? Methadone is similar to morphine. It is used in pain management and as part of drug detoxification and maintenance program for individuals who struggle with addictions to opiates such as heroin, oxycontin and other addictive prescription drugs that are abused daily.

The problems with methadone maintenance are many. In order to be within that “safety zone” the therapeutic recommended dose is at about 80mg. At the recommended dose individuals begin to feel extremely drowsy and “nod.” Because of this it can make it very difficult for these individuals to function properly. Methadone comes in liquid from as well as in tablets. Its most common form is liquid and it has been reported to have a bitter taste.

Methadone is highly addictive. The recommended length of time to stay on maintenance is no less than at least six months. Because methadone is so addictive most individuals stay on for a long period of time fearing the withdrawal symptoms associated with methadone. For a normal heroin addiction the average withdrawal period is five to seven days. On methadone the higher the dose the longer and more uncomfortable is the withdrawal, ranging anywhere from weeks to a month. The individual will experience aches and pains in their bones and body, flu like symptoms, diarrhea, vomiting, cold sweats, restless nights with both drugs heroin and methadone. With methadone it has been reported to be worst. Methadone has also been approved to treat pregnant women. And in the event the child is born the baby will experience these same symptoms.

So again why should we consider an alternative to methadone? “First it appears to have a better safety profile in overdose. Secondly, many clients may be dosed on alternate days without experiencing withdrawal symptoms. Thirdly there is some evidence that clients find it easier to withdrawal from buprenorphine in comparison than methadone. Finally a number of clients report feeling less sedated on buprenorphine than on methadone.”

So what is buprenorphine? Buprenorphine is a medication used in pain management clinics as well as for opiate dependent patients seeking a maintenance program. It is a partial agonist and partial antagonist. An antagonist basically is an opiate blocker. It prevents the client from getting high on illicit drugs and also puts them into partial withdrawal in the event that opiates are present in their system. It is to discourage the client from using drugs. The agonist binds to the receptor of a cell and triggers a response by the cell. Often mimicking the action of a substance, it provides opiate activity. The idea is that this action helps with the craving for opiates and the client will stay drug free. May clients on methadone continue to use illicit drugs perhaps the methadone does not fully satisfy their cravings.

Buprenorphine comes in pill form as well as liquid but the pill is the most commonly used. Pills are taken sublingually (under the tongue). The medication is best absorbed through the glands under the tongue because the skin is so thin under there, but if swallowed only about 10% of the medication will be absorbed. These pills can be picked up in the pharmacy depending on your physician. Some physicians have gone through the trouble to be state certified. Meaning they can prescribe this medication out of the usual clinic setting, easy, hassle free, and convenient, unlike methadone.

Withdrawing from buprenorphine is easier than methadone. This is due to the fact that it has only a partial agonist effect. Logically if the client stops taking his or her buprenorphine abruptly then withdrawal symptoms are to be expected. However if they are “weened” off, a process consisting of alternate day dosing and decreased dosage there seems to be very little withdrawal symptoms.

Buprenorphine has been reported to have all the usual side effects as opioids. “However, compared to methadone it seems to cause less sweating, constipation and sedation. Severe headaches are occasionally reported.” It also has a better safety profile as stated earlier according to Chadderton. Methadone is full agonist whereas buprenorphine is a partial agonist. Therefore methadone clearly has more opiate activity which makes it more dangerous. Unfortunately buprenorphine has not yet been approved for the use of treating pregnant woman.

Buprenorphine can be used for pain management and for opiate detoxification. With an easier withdrawal, flexible dosing methods and accessibility it is clearly a healthy, safe and effective alternative to methadone.